

CLAIM FORM**City of
Germantown**

Excellence Every Day

Mail To:
City of Germantown
Procurement Dept.
1930 S. Germantown Rd. 38138
Email To: rrobbs@germantown-tn.gov
Fax To: 901-757-7258

RISK MANAGEMENT USE ONLY		
Date Received	TML Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	TML Claim #
Adjuster Assigned		Claim Closed <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE PRINT

Date of Loss	Approximate Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Exact Location of Incident:		Department (if known)
Last Name	First Name	Cell Phone	Home Phone	Email Address
Date of Birth	SSN: (Only for injury claim)		IMPORTANT: Date of birth and social security number are required only due to Mandatory Medicare insurer reporting requirements for any medical expense claim	
Description of Incident:				
State the Facts of Your Claim and Why You Feel the City of Germantown is Responsible:				
Describe Property Damage (include estimated dollar amounts)				
Dollar Amount of Claim <small>(Include Copies of Receipts and Estimates)</small> \$	Describe Injuries <small>(include exact body part and type of injury – use additional paper if needed.)</small> <input type="checkbox"/> Does Not Apply			
Type of Incident <input type="checkbox"/> Personal Injury <input type="checkbox"/> Private Property Damage <input type="checkbox"/> Other	List Witness Names and Phone Numbers (use additional paper if needed)			
Weather Conditions <input type="checkbox"/> Sun <input type="checkbox"/> Clouds <input type="checkbox"/> Rain <input type="checkbox"/> Snow/Ice				
Other Contributing Factors:		Road/Ground Conditions <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Slick <input type="checkbox"/> Normal		

PLEASE ATTACH COPIES OF REPAIR INVOICES, PROOF OF PURCHASE OR SUPPORTING DOCUMENTS.

(Include photos, if you have them)

I UNDERSTAND THERE IS NO CLAIM UNLESS THIS FORM IS FILLED OUT COMPLETELY. I hereby certify that the above statements and information are true and correct to the best of my knowledge. I also understand making a false claim with the intention of deceiving the City of Germantown is punishable by law. I understand by filling out a claim form does not automatically entitle me to a settlement. I understand the City will review all documentation and testimony that is presented in this declaration. An *Accident Questionnaire* must also be completed and submitted with this *Claim Form*. Thank You.

Printed Name_____
Signature_____
Date of Report